

Department of Personnel Administration

**MILITARY SERVICE INFORMATION**

DPA-190 (REV. 01/03)



TO:

DATE:

FROM: Personnel Office

SUBJECT: Military Service Information

Some military service in the armed forces of the United States of America qualifies California State employees for certain benefits during their careers with the State of California. In order for us to determine if you will qualify for any benefits, please complete, sign, and return this form to your personnel office immediately.

1. Did you serve on *active* duty in the armed forces of the United States of America?

☐ Yes ☐ No

If your answer to #1 is "**Yes**," please complete the remainder of the form and submit a **copy** of your DD-214 (discharge document) with this form to your personnel office.

If your answer to #1 is "**No**," please sign, date, and return the form to your personnel office.

2. List your active duty.

Branch of Armed Forces	Entry Date	Release Date	Type of Release		
			Honorable	Dishonorable	Other
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

3. List any campaign medals that you received.

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I hereby certify that, to the best of my knowledge, the information on this form is true and correct.

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 Employee Signature

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 Date

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 Phone Number